

**THE COMMONWEALTH OF MASSACHUSETTS  
ALCOHOLIC BEVERAGES CONTROL COMMISSION**

**Application for Alcoholic Beverage License for Retail Sale**

City/Town:

- ( ) New License  
( ) Transfer of License  
( ) Transfer of Stock
- ( ) New Officer/Director  
( ) Other \_\_\_\_\_  
(Specify)

1.

Name to appear on the license:	
Business name (d/b/a), if different:	
Manager of Record:	FID of Licensee:
Address of Premises; Street:	Zip code:
Phone number of premises: (     )	

2. Type of license: (check only one)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Club               | <input type="checkbox"/> Package store | <input type="checkbox"/> Veterans club |
| <input type="checkbox"/> General on premise | <input type="checkbox"/> Restaurant    | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Innholder          | <input type="checkbox"/> Tavern        | (Specify)                              |

3. License Category:

- |   |  |
|---|--|
| <input type="checkbox"/> All Alcoholic                      | <input type="checkbox"/> Wine and Malt |
| <input type="checkbox"/> Malt only                          | <input type="checkbox"/> Wine only     |
| <input type="checkbox"/> Wine and Malt with Cordials Permit |  |

4. License Class:

- |                                 |                                   |
|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Annual | <input type="checkbox"/> Seasonal |
|---------------------------------|-----------------------------------|

5. Person (attorney if applicable) who can be contacted concerning this application:

Name:
Address:
Phone number: (     )

6. Give a full and complete description of the premises to be licensed, including location of all entrances and exits:


6a.

Seating capacity:	Occupancy number:
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7. Applicant is an:    ☐ Association                      ☐ Corporation                      ☐ Individual
- ☐ Partnership                      ☐ Non-profit corporation

8. If applicant is an individual or partnership: List for individual or each partner.

Full Name	Home Address	D.O.B.	SSN

8a. Is individual or are all partners United States citizens? ☐ Yes ☐ No

If no, specify citizenship: \_\_\_\_\_

8b. Is individual or are all partners involved at least twenty-one years old? ☐ Yes ☐ No

9. If the applicant is a corporation, complete the following:

State of Incorporation:	Date of Incorporation:
Fiscal Year Ends:	Date qualified to do business in MA:

9a. How many shares of stock are authorized? \_\_\_\_\_ How many shares of stock are issued? \_\_\_\_\_

Provide in the box below the names of all officers, directors, stockholders and manager.

Use \* to indicate director

Title	Full Name	Home Address	D.O.B.	SSN	Shares of stock owned or controlled

9b. Attach a copy of the vote by the Board of Directors appointing a manager or principal representative.

9c. If the applicant is a corporation, answer the following questions:

- Are the majority of directors United States citizens? ☐ Yes ☐ No
- Are the majority of directors citizens of Massachusetts? ☐ Yes ☐ No
- Is the manager or principal representative a U.S. citizen? ☐ Yes ☐ No

10. If the applicant is an association, provide in the box below the names of all association officers and members.

Title	Full Name	Home Address	D.O.B.	SSN	Phone Number

11. Will there be any construction, remodeling, redecorating or building on the premises for this license?  
\_\_\_ Yes \_\_\_ No (If yes complete a,b,c, and d)

a. Give an exact description of the construction, remodeling, redecorating or building on the premises : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. What are the estimated costs? \_\_\_\_\_

c. What is the construction schedule? \_\_\_\_\_

d. State all sources of construction financing: \_\_\_\_\_  
\_\_\_\_\_

12. Do you own the premises? \_\_\_ Yes \_\_\_ No. If yes, please respond to the question below.

\_\_\_ As an individual \_\_\_ Jointly \_\_\_\_\_ Name of Realty Trust

\_\_\_\_\_ Name of Corporation

\_\_\_ Other \_\_\_\_\_  
(specify)

(If you are do not own the premises to be licensed, provide the following information about the owner.)

Name:	Phone number: ( )
Address:	

12a. If a lease or rental, provide the following information: \$ \_\_\_\_\_ per \_\_\_\_\_  
(month, year, etc.)  
Beginning date of lease \_\_\_\_\_ Ending date of lease \_\_\_\_\_  
(provide a copy of the lease.)

Financial

13. What assets were purchased and cost?

Equipment: \$	Furniture: \$	Goodwill: \$
Inventory: \$	License: \$	Premise: \$

13a.

Total Purchase Price: \$
--------------------------

13b.

Identify in the box below all sources of financing?

Mortgage: \$	Seller: \$
Cash: \$	Other (specify): \$

Document all sources e.g., -Loan papers, checking accounts, stock sales, etc.)

13c.

All other terms and conditions:
(provide purchase and sale documents)

13d. Are you seeking approval for license to be pledged? \_\_\_ Yes \_\_\_ No

If yes, to whom? \_\_\_\_\_

13e. Will the inventory be pledged?

\_\_\_ Yes

\_\_\_ No

If yes, specify to whom \_\_\_\_\_

13f. If a corporation, are you seeking approval for any corporate stock to be pledged?

\_\_\_ Yes

\_\_\_ No

If yes, identify to whom and identify the number of shares to be pledged. \_\_\_\_\_

**OWNERSHIP INTERESTS**

14. State the following information for all persons or entities who will have any direct or indirect beneficial or financial interest in this license:

Full Name	Home address	D.O.B.	SSN	Phone Number

14a. Describe all types of beneficial or financial interest each person or entity identified in Question 14 will have in this license:

Person or entity	Beneficial or financial interest

14b. Does any person or entity listed in Question 14 have any direct or indirect beneficial or financial interest in any other license granted under Chapter 138?

\_\_\_ Yes

\_\_\_ No

(If yes, provide the following for each person or entity.)

Name	Type of license	License name and address	Description of Interest

- 14c. Has any person or entity named in Question 14 ever held a license or a beneficial interest in a license issued under Chapter 138 which is not presently held? ☐ Yes ☐ No (If yes, provide the following for each person or entity.)

Name	Type of License	License name and address	Date ownership surrendered

- 14d. Describe how all licenses identified in Question 14c were terminated (e.g. transfer of ownership, non-renewal, surrender, etc.):

Date	License	Reason why the license was terminated

- 14e. Has any person or entity named in Question 14 ever had a license suspended, revoked, or cancelled? ☐ No (If yes, provide the following information) ☐ Yes

Date	License	Reason why the license was suspended, revoked, or cancelled

- 14f. Has any person or entity named in Question 14 ever been convicted of violating any state, federal or military law? ☐ Yes ☐ No (If yes, attach a statement of details.)

15. a. Each individual applicant must sign.  
b. Applications by a partnership must be signed by a majority of the partners.  
c. Applications by a corporation must be signed by an officer authorized by a vote of the corporations Board of Directors.  
d. Applications by an association must be signed by a majority of the members of the governing body. All signers must have answered question 10.  
e. False information or failure to disclose are reasons to revoke a license or deny a license application.

Signed and subscribed to under the penalty of perjury, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By: Signature of Full Name

Title

_____	_____
_____	_____
_____	_____
_____	_____

Date Issued \_\_\_\_\_  
Date Expires \_\_\_\_\_  
Seating Capacity \_\_\_\_\_

[illegible]

20 \_\_\_\_\_

**Class** \_\_\_\_\_

Ward \_\_\_\_\_ Prec. \_\_\_\_\_ Div. \_\_\_\_\_

Tel. No. \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

GRANTED \_\_\_\_\_

REJECTED \_\_\_\_\_

RECONSIDERED \_\_\_\_\_

Date Rec'd \_\_\_\_\_ Adv. \_\_\_\_\_ Paper \_\_\_\_\_

Hearing Date \_\_\_\_\_ Time \_\_\_\_\_

Approved by ABCC \_\_\_\_\_

Fee \_\_\_\_\_ Paid \_\_\_\_\_

Attorney Filing \_\_\_\_\_

Rec'd By \_\_\_\_\_ Fee \_\_\_\_\_ Receipt No. \_\_\_\_\_

Closing Hour Req. \_\_\_\_\_

Closing Hour Granted \_\_\_\_\_

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If yes, to whom? \_\_\_\_\_

13e. Will the inventory be pledged?

\_\_\_ Yes

\_\_\_ No

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Signed and subscribed to under the penalty of perjury, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By: Signature of Full Name

Title

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Issued \_\_\_\_\_  
Date Expires \_\_\_\_\_  
Seating Capacity \_\_\_\_\_

## This image shows a single page of white paper with horizontal black ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears slightly aged or off-white. There is no handwriting or other markings on the page.

20 \_\_\_\_\_

### Board's Action

Rec'd By \_\_\_\_\_ Fee \_\_\_\_\_ Receipt No. \_\_\_\_\_

Closing Hour Req. \_\_\_\_\_

Closing Hour Granted \_\_\_\_\_

Closing Hour Granted \_\_\_\_\_

## LICENSING BOARD FOR THE CITY OF BOSTON

Room 809, City Hall, Boston, Mass. 02201

Date \_\_\_\_\_ 20 \_\_\_\_\_

## FINANCIAL DISCLOSURE FORM

ALL APPLICANTS/PETITIONERS MUST COMPLETE THIS FORM FOR ALL TRANSFERS OF INTERESTS, PLEDGES OF ANY KIND, AND FOR NEW APPLICATIONS.

1. CORPORATION, INDIVIDUAL OR PARTNER'S NAME(s) \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY OR TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

## 2. PLEASE SPECIFY WHAT WAS PURCHASED AND THE PRICE THEREOF:

A. \_\_\_\_\_ License \$ \_\_\_\_\_  
 B. \_\_\_\_\_ Stock of Corp. \_\_\_\_\_  
 C. \_\_\_\_\_ Real Estate \_\_\_\_\_  
 D. \_\_\_\_\_ Assets of Corp. \_\_\_\_\_  
 E. \_\_\_\_\_  
 Total Purchase Price \$ \_\_\_\_\_

## 3. FINANCING

SOURCE OF FUNDS

A. Cash Down Payment \$ \_\_\_\_\_  
 B. Loan #1 \_\_\_\_\_  
 C. Loan #2 \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

## 4. FOR LOAN TRANSACTION AS APPEARING IN ITEM #3

PLEASE SHOW:

LOAN # 1

LOAN # 2

A. Amount of Loan

\$ \_\_\_\_\_

\$ \_\_\_\_\_

B. Payee's Name and Address

C. Guarantor's Name and Address

D. Security for the Loan(s)

## 5. IF APPLICANT LEASES THE PREMISES, LIST THE LESSOR, ANNUAL RENT AND INDICATE TO WHOM SUCH PAYMENTS ARE MADE IF OTHER THAN THE LESSOR.

A. Name and Address of Lessor

B. Name and Address of Lessee

C. Annual Rent \$ \_\_\_\_\_

D. Name and Address of Payee  
other than Lessor

SIGNED AND SUBSCRIBED TO UNDER THE PAINS AND PENALTIES OF PERJURY THIS \_\_\_\_\_  
 DAY OF \_\_\_\_\_ BY: \_\_\_\_\_

Printed: \_\_\_\_\_

## THIS FORM FOR FINANCING

IS LICENSE PART OF COLLATERAL: YES ☐ NO ☐  
(Using Liquor License To Secure Financing)

PURCHASE PRICE: \_\_\_\_\_

WHAT ASSETS WERE PURCHASED: PREMISES ☐ FURNITURE ☐  
EQUIPMENT ☐ INVENTORY ☐  
GOOD WILL ☐

OTHER ASSETS: \_\_\_\_\_

NAME OF PURCHASER(S): \_\_\_\_\_

HOW FINANCED: \$ \_\_\_\_\_  
(Cash - Loans - Mortgage - Bank - Seller - etc.)

PREMISES: OWNED ☐ LEASED ☐ RENTED? IF LEASED OR RENTED OWNER'S  
NAME AND MONTHLY TERMS.

ANY ADDITIONAL INFORMATION THAT YOU MAY HAVE THAT WOULD HELP THE COMMISSION  
APPROVE THIS APPLICATION: \_\_\_\_\_

SIGNED AND SUBSCRIBED UNDER PENALTY OF PERJURY THIS \_\_\_\_\_ DAY  
OF \_\_\_\_\_ 20 \_\_\_\_\_

BY: SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_



*The Commonwealth of Massachusetts*  
*The Alcoholic Beverages Control Commission*  
239 Causeway Street, Suite 200  
Boston, MA 02114

Telephone: 617- 727-3040  
FAX: 617- 727-1258

**FORM A**  
**LICENSEE PERSONAL INFORMATION SHEET**

THIS FORM MUST BE COMPLETED FOR EACH:

- \_\_\_\_\_ A. NEW LICENSE APPLICANT
- \_\_\_\_\_ B. APPOINTMENT OR CHANGE OF MANAGER  
IN A CORPORATION
- \_\_\_\_\_ C. TRANSFER OF LICENSE (RETAIL ONLY-SEC. 12 & SEC. 15)

(Please check which transaction is the subject of an application accompanying this Form A.)

PLEASE TYPE OR PRINT ALL INFORMATION

ALL QUESTIONS MUST BE ANSWERED AND TELEPHONE NUMBERS PROVIDED OR  
APPLICATION WILL NOT BE ACCEPTED.

1. LICENSEE NAME \_\_\_\_\_  
(NAME AS IT WILL APPEAR ON THE LICENSE)
2. NAME OF (PROPOSED) MANAGER \_\_\_\_\_
3. SOCIAL SECURITY NUMBER \_\_\_\_\_
4. HOME (STREET) ADDRESS \_\_\_\_\_
5. AREA CODE AND TELEPHONE NUMBER (S): (Give both, your home telephone and a number at which you can be reached during the day).  
DAY TIME # \_\_\_\_\_ HOME# \_\_\_\_\_
6. PLACE OF BIRTH: \_\_\_\_\_ 7. DATE OF BIRTH: \_\_\_\_\_
8. REGISTERED VOTER: \_\_\_\_\_ YES \_\_\_\_\_ NO 8A. WHERE ? : \_\_\_\_\_
9. ARE YOU A U. S. CITIZEN: \_\_\_\_\_ YES \_\_\_\_\_ NO
10. COURT AND DATE OF NATURALIZATION (IF APPLICABLE): \_\_\_\_\_  
(Submit proof of citizenship and/or naturalization such as Voter's Certificate, Birth Certificate or Naturalization Papers)

11. FATHER'S NAME: \_\_\_\_\_ 12. MOTHER'S MAIDEN NAME: \_\_\_\_\_
13. IDENTIFY YOUR CRIMINAL RECORD, (Massachusetts, Military, any other State or Federal): ANY OTHER ARREST OR APPEARANCE IN CRIMINAL COURT CHARGED WITH A CRIMINAL OFFENSE REGARDLESS OF FINAL DISPOSITION:  
\_\_\_\_\_ YES \_\_\_\_\_ NO (MUST CHECK EITHER YES OR NO)

IF YES, PLEASE DESCRIBE OFFENSE (S) SPECIFIC CHARGE AND DISPOSITION (FINE, PENALTY, ETC.)

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14. PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY: \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, PLEASE DESCRIBE:

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15. FINANCIAL INTEREST, DIRECT OR INDIRECT, IN THIS OR ANY OTHER LIQUOR LICENSE, PERMIT OR CERTIFICATE: \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE DESCRIBE:

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16. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address and if known, Telephone Numbers):

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17. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: \_\_\_\_\_

18. I HEREBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BY: \_\_\_\_\_  
PROPOSED MANAGER SIGNATURE

\_\_\_\_\_  
DATE



**CONFIDENTIAL**

**LICENSING BOARD FOR THE CITY OF BOSTON**  
 Room 809, City Hall, Boston, Mass. 02201

DATE: \_\_\_\_\_ 20. \_\_\_\_\_

**CRIMINAL RECORD INFORMATION FORM**

Managers, Stockholders, Officers and Directors of Corporation and Others

NAME OF CORPORATION \_\_\_\_\_

NAME \_\_\_\_\_ ALIAS, IF ANY \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

OCCUPATION \_\_\_\_\_

BIRTHPLACE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_

HUSBAND OR WIFE'S NAME \_\_\_\_\_

If you have any record of misdemeanors including: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace. . . and such offenses were disposed of ten or more years prior to the filing of this application. . . you may be considered to have "NO RECORD" for the purpose of furnishing this department information as to your criminal record.

I \_\_\_\_\_ APPLICANT FOR A  
 \_\_\_\_\_ LICENSE IN THE  
 CITY OF BOSTON, HEREBY STATE THAT I HAVE NOT BEEN CONVICTED FOR  
 VIOLATION OF A STATE OR FEDERAL NARCOTIC LAW.

I \_\_\_\_\_ do hereby state  
 THAT I HAVE NO RECORD OF CRIMINAL CONVICTIONS IN ANY STATE OR FEDERAL  
 COURT EXCEPT THOSE LISTED AS FOLLOWS:

\_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ do hereby state  
 THAT I HAVE NO PENDING CRIMINAL CHARGES AGAINST ME FOR ANY CRIMINAL  
 VIOLATIONS IN ANY STATE OR FEDERAL COURT EXCEPT THOSE LISTED AS  
 FOLLOWS: \_\_\_\_\_

\_\_\_\_\_

SIGNED AND SUBSCRIBED TO UNDER THE PAINS AND PENALTIES OF PERJURY THIS  
 PRINT LAST NAME \_\_\_\_\_

\_\_\_\_\_ DAY, OF \_\_\_\_\_, 20\_\_\_\_ BY: \_\_\_\_\_

ANY STATEMENTS CONTAINED HEREIN FOUND TO BE UNTRUE SHALL BE CAUSE  
 FOR THE CANCELLATION AND/OR REVOCATION OF ANY LICENSE GRANTED TO THE  
 APPLICANT OR CORPORATION IN WHICH HE IS A PRINCIPAL OR AGENT.

**CONFIDENTIAL**

**LICENSING BOARD FOR THE CITY OF BOSTON**  
Room 809, City Hall, Boston, Mass. 02201

DATE: \_\_\_\_\_ 20. \_\_\_\_\_

**CRIMINAL RECORD INFORMATION FORM**

**Managers, Stockholders, Officers and Directors of Corporation and Others**

NAME OF CORPORATION \_\_\_\_\_

NAME \_\_\_\_\_ ALIAS, IF ANY \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

OCCUPATION \_\_\_\_\_

BIRTHPLACE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_

HUSBAND OR WIFE'S NAME \_\_\_\_\_

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\_\_\_\_\_ LICENSE IN THE  
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VIOLATION OF A STATE OR FEDERAL NARCOTIC LAW.

I \_\_\_\_\_ do hereby state  
THAT I HAVE NO RECORD OF CRIMINAL CONVICTIONS IN ANY STATE OR FEDERAL  
COURT EXCEPT THOSE LISTED AS FOLLOWS:

I \_\_\_\_\_ do hereby state  
THAT I HAVE NO PENDING CRIMINAL CHARGES AGAINST ME FOR ANY CRIMINAL  
VIOLATIONS IN ANY STATE OR FEDERAL COURT EXCEPT THOSE LISTED AS  
FOLLOWS: \_\_\_\_\_

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**AFFIDAVIT OF NOTICE TO ABUTTERS AND OTHERS**

To the Licensing Board  
for the City of Boston:

I \_\_\_\_\_ hereby certify that the following is a true list  
of the persons shown upon the Assessor's most recent valuation list as the owners of the property abutting the  
proposed location for an alcoholic beverages license at \_\_\_\_\_:

and that the following schools, churches or hospitals are located within a radius of five hundred (500) feet from  
said proposed location:

If there are none, please so state \_\_\_\_\_

I also certify that notice of this application/petition concerning an alcoholic beverages license was given to the  
above by mailing to each of them within three days after publication of the same, a copy of the advertisement  
of said application/petition, a copy of which advertisement is attached below. Also attached are the registered  
receipts/return registered receipts bearing signatures of persons receiving said notice.

Signed and subscribed to under the pains and penalties of perjury this \_\_\_\_\_ day  
of \_\_\_\_\_, 20 \_\_\_\_\_,

Printed: \_\_\_\_\_

Written: \_\_\_\_\_  
(authorized individual, manager, or corporate officer)

**ATTACH ADVERTISEMENT  
AND RECEIPTS HERE**

Notary Public \_\_\_\_\_

My Commission expires \_\_\_\_\_ 20 \_\_\_\_\_

## INSTRUCTIONS FOR NOTIFICATION TO ABUTTERS

1. Go to Engineering Office in the Assessing Department to find out which parcels of real estate abut the licensed premises and whether or not there are any schools, churches or hospitals within 500 feet of the premises. The Engineering Department is located in Room 301, City Hall.
2. From the Assessors most recent list, find out the names and mailing addresses of the abutters and others.
3. List the abutters and others on the other side of this form.
4. When the legal notice is published the newspaper will mail several copies of the advertisement to you. Upon receipt of these "tear slips" you should send one by certified mail to each of the persons or organizations listed.
5. Bring this completed form to the hearing along with the post office receipts or the return receipts which are mailed back to you.

\_\_\_\_\_ 20

At a meeting of the Board of Directors of

held at \_\_\_\_\_ on \_\_\_\_\_ 20

it was duly voted that the Corporation apply to the Licensing Board for the City of Boston for a \_\_\_\_\_

license, for the year \_\_\_\_\_ to be exercised on the premises located at \_\_\_\_\_

"VOTED: To authorize \_\_\_\_\_

to sign the application for the license in the name of \_\_\_\_\_

\_\_\_\_\_ and

to execute in its behalf any necessary papers, and to do all things required relative to the granting of the license."

"VOTED: To appoint \_\_\_\_\_ of \_\_\_\_\_

as its manager or principal representative, with as full authority and control of the premises described in the license of the Corporation and of the conduct of all business therein relative to alcoholic beverages as the licensee itself could in any way have and exercise if it were a natural person resident in the Commonwealth of Massachusetts and that a copy of this vote duly certified by the Clerk of the Corporation and delivered to said manager or principal representative shall constitute the written authority required by Sec. 26, Chap. 138, G. L."

This is to certify that a majority of the directors of \_\_\_\_\_

a Corporation duly organized under the laws of \_\_\_\_\_

are residents of the Commonwealth of Massachusetts and citizens of the United States.

This Corporation has \_\_\_\_\_ been dissolved.

A TRUE COPY  
ATTEST

\_\_\_\_\_  
Clerk

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20

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Clerk